

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

2238

DEATH
AND
RESIDENCE
VERIFIEDCEDENT
PERSONAL
DATAERATIONS,
AUTOPSYMEDICAL
CERTIFICATIONDEATH
DUE TO
INTERNAL
VIOLENCEDRONER'S
TIFICATIONFUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF BIRTH DEATH A. COUNTY PIMA	B. LENGTH OF STAY IN THIS TOWN 6yrs IN ARIZONA 6yrs	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY PIMA
C. CITY OR TOWN TUCSON IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>	C. CITY OR TOWN TUCSON IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>	D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? ADDRESS 1551 Benson HIWAY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
D. FULL NAME OF HOSPITAL OR INSTITUTION PIMA COUNTY HOSPITAL		

3. NAME OF DECEASED A. (FIRST) TRUMAN B. (MIDDLE) RANDOLPH C. (LAST) SCHUTT (TYPE OR PRINT)	4. SEX MALE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		
6B. NAME OF SPOUSE HARRIETT	7. DATE OF BIRTH MONTH 3 DAY 12 YEAR 1882	8. AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) supervisor, mfg.
9B. KIND OF BUSINESS OR INDUSTRY manufacturing	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO	13. SOCIAL SECURITY NO. 072-16-0735	
14A. FATHER'S NAME ISIA SCHUTT	14B. BIRTHPLACE (STATE OR COUNTRY) HOLLAND	15A. MOTHER'S MAIDEN NAME unk nown	15B. BIRTHPLACE (STATE OR COUNTRY) unknown		
16. INFORMANT'S SIGNATURE Mrs. Harriett Schutt ADDRESS 1551 E. Benson Hwy.		17. DATE OF DEATH (MONTH) NOVEMBER (DAY) 24 (YEAR) 1965			

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>seen after death</u> , 19 <u>65</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>11-18-65</u> , AND THAT DEATH OCCURRED AT <u>M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.</u>			
22A. SIGNATURE <u>Frank L. Mallett</u> (DEGREE OR TITLE) M.D.		22B. ADDRESS TUCSON, ARIZ. 11/25/65	
23A. ACCIDENT (SPECIFY) Accident	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Highway	23C. (CITY OR TOWN) (COUNTY) (STATE) Tucson Pima Ariz.	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 11 24 65 0336	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? Collision with car	

24A. CORONER'S SIGNATURE <u>Harold S. Belmont</u>	24B. ADDRESS 112 W. Pennington	24C. DATE SIGNED 11-26-65
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25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 11-27-65	25C. NAME OF CEMETERY OR CREMATORY VAN BUSKIRK F.H. OWEGO NEW YORK	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) OWEGO, NEW YORK
26A. DATE REC. BY LOCAL REG. 11-30-65	26B. REGISTRAR'S SIGNATURE <u>Hersa H. Coker</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Frank L. Mallett</u> Adair Funeral Home	27B. ADDRESS TUCSON, ARIZONA